

Name
in
Full

Maria Clarke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

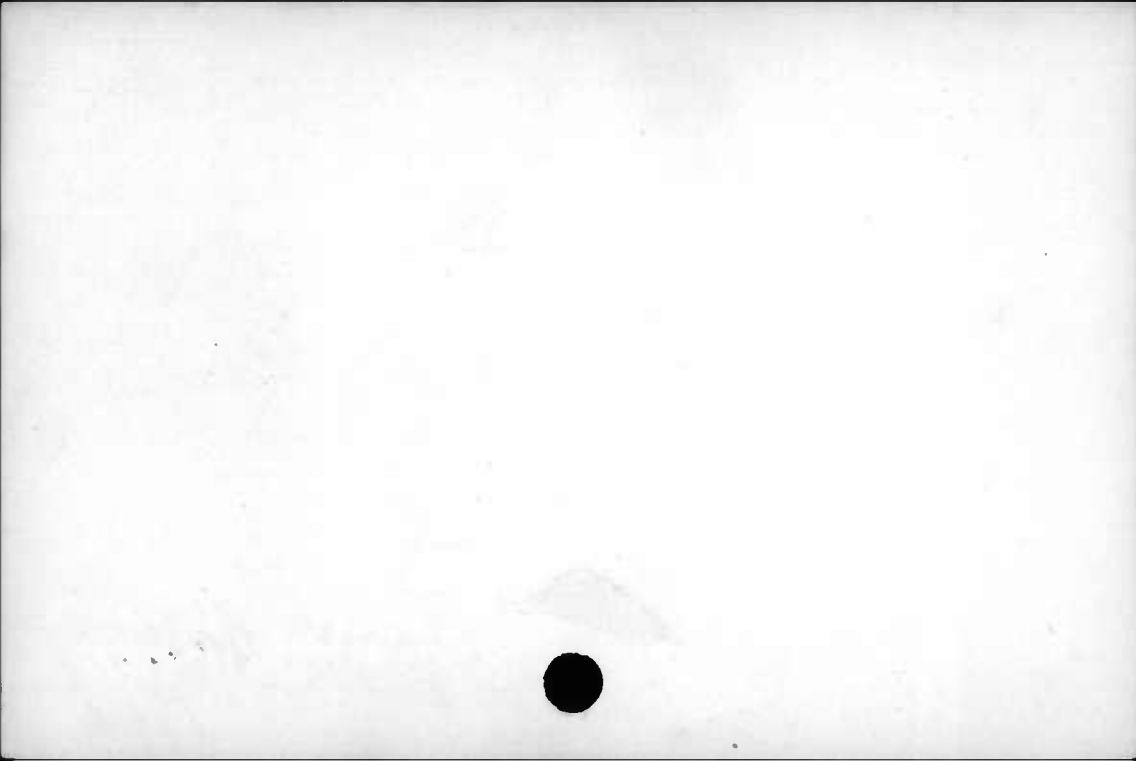
Died at <u>Palmerus</u> Town		<u>St. Mary's</u> County		MARYLAND	
Date of death	1907	Month	9	Day	9
Age	78	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	ind
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	widowed	Name of Wife or Husband <u>Phillip Clarke</u>			
Father's Name	<u>Richard Stewart</u>	Father's Birthplace <u>ind</u>			
Mother's Maiden Name	<u>Elizabeth Scriber</u>	Mother's Birthplace <u>ind</u>			
Name of person giving information	<u>Henry Clark</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Apoplexy</u>	How long	<u>14</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Robt. H. Palmer</u>	
yes		Address <u>Palmerus</u>	
9		<u>ind.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

Name in Full <i>F. D. Hayden</i>		Town <i>Cedar Point</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>Cedar Point</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>76</i>	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Mary's Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Cedar Point</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Gertrude Hayden</i>					
Father's Name <i>Charles Hayden</i>		Father's Birthplace <i>St. Mary's Co.</i>					
Mother's Maiden Name <i>Priscilla Greenough</i>		Mother's Birthplace <i>St. Mary's Co.</i>					
Name of person giving information <i>Frank Hayden</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>(64)</i>
Immediate	<i>apoplexy</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Henry Richardson</i>	
<i>9</i>		Address <i>Great Mills Md.</i>	
Accident or Suicide?			



Name
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Full

Townley Heil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

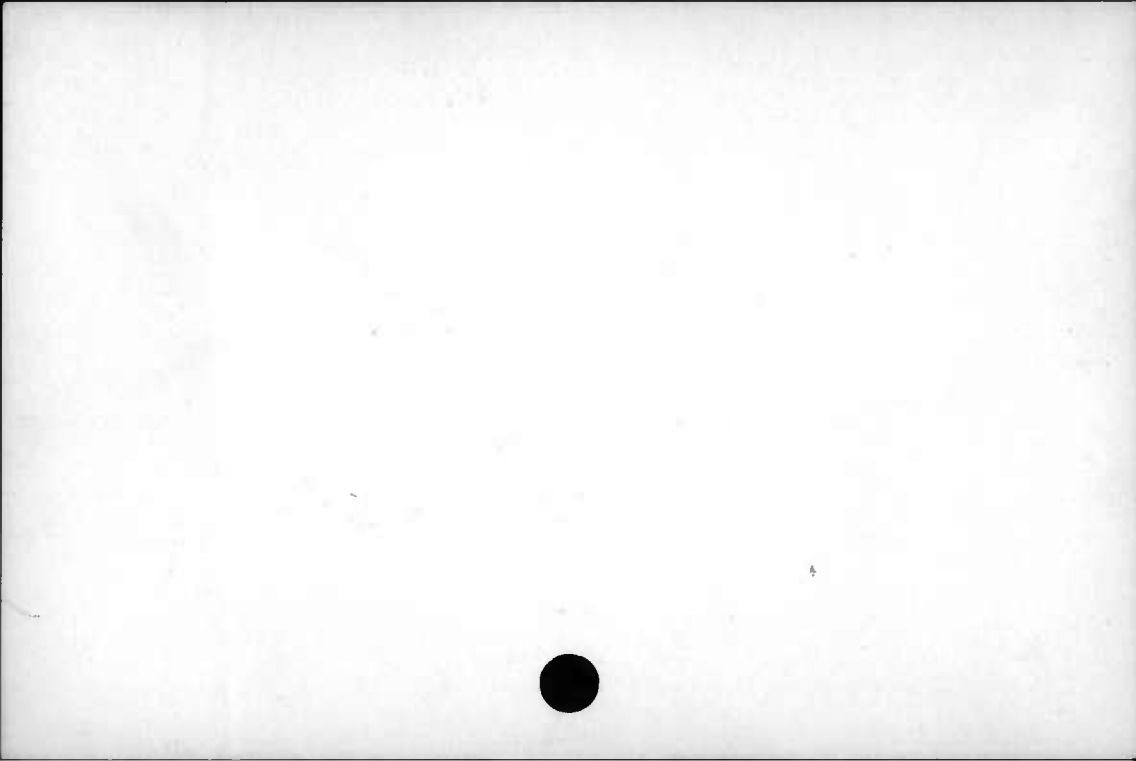
Died at <i>Lincolnton</i> Town		<i>Stroms</i> County		MARYLAND	
Date of death 1907	Month <i>Sept</i>	Day <i>1</i>	Years <i>Age about 67</i>	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Stroms Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Do not know</i>		<i>Matilda Hill</i>			
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>			
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Son</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Inflammatory Peritonitis</i>	How long <i>4 days</i>
Immediate <i>Peritonitis (Exhaustion)</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos Sprule</i>
	Address <i>Lincolnton</i>
Accident or Suicide? <i>Accident</i>	



Name
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CERTIFICATE OF DEATH

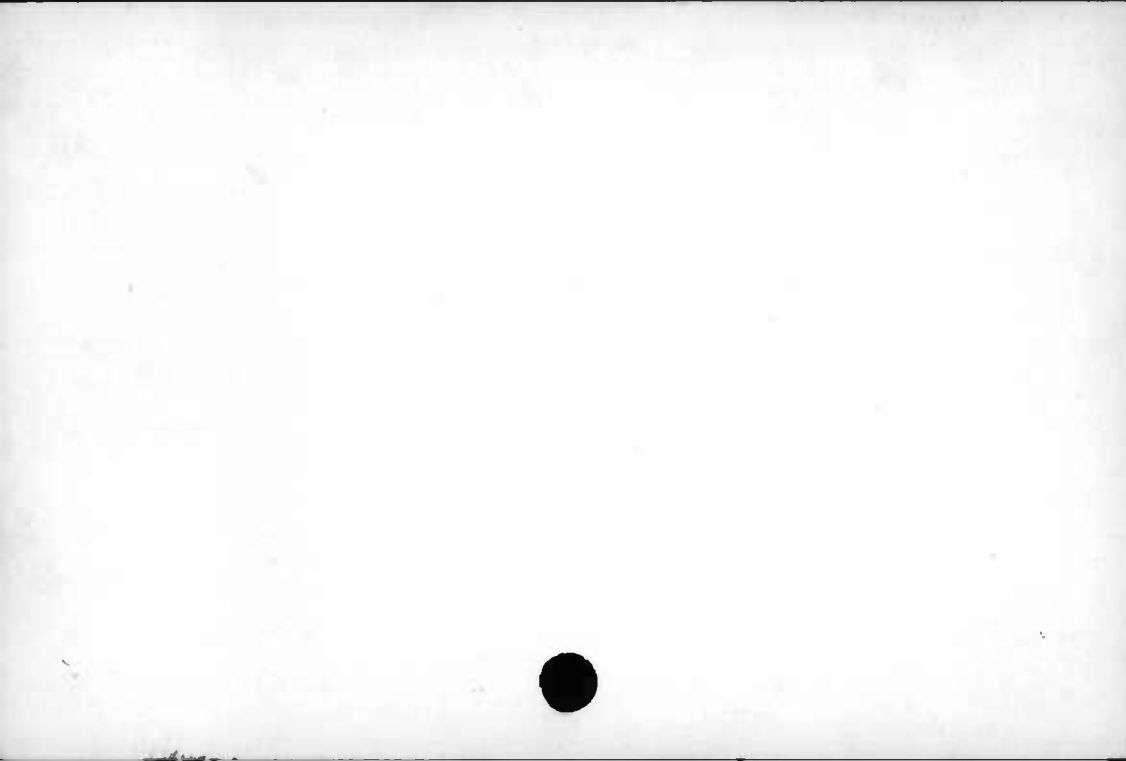
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Inade</i>		Town <i>River Springs</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>River Springs</i>		Date of death <i>1907</i>		Age <i>49</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>und</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert Inade</i>					
Father's Name <i>Joseph Pitkerton</i>		Father's Birthplace <i>und</i>					
Mother's Maiden Name <i>Beatrice Pitkerton</i>		Mother's Birthplace <i>und</i>					
Name of person giving Information <i>Robert Inade</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphoid Fever</i>	How long <i>24 days</i>
Immediate <i>Erysipelas</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>und</i>	



Name
in
Full

Cliza Emily Shermantine.

CERTIFICATE OF DEATH

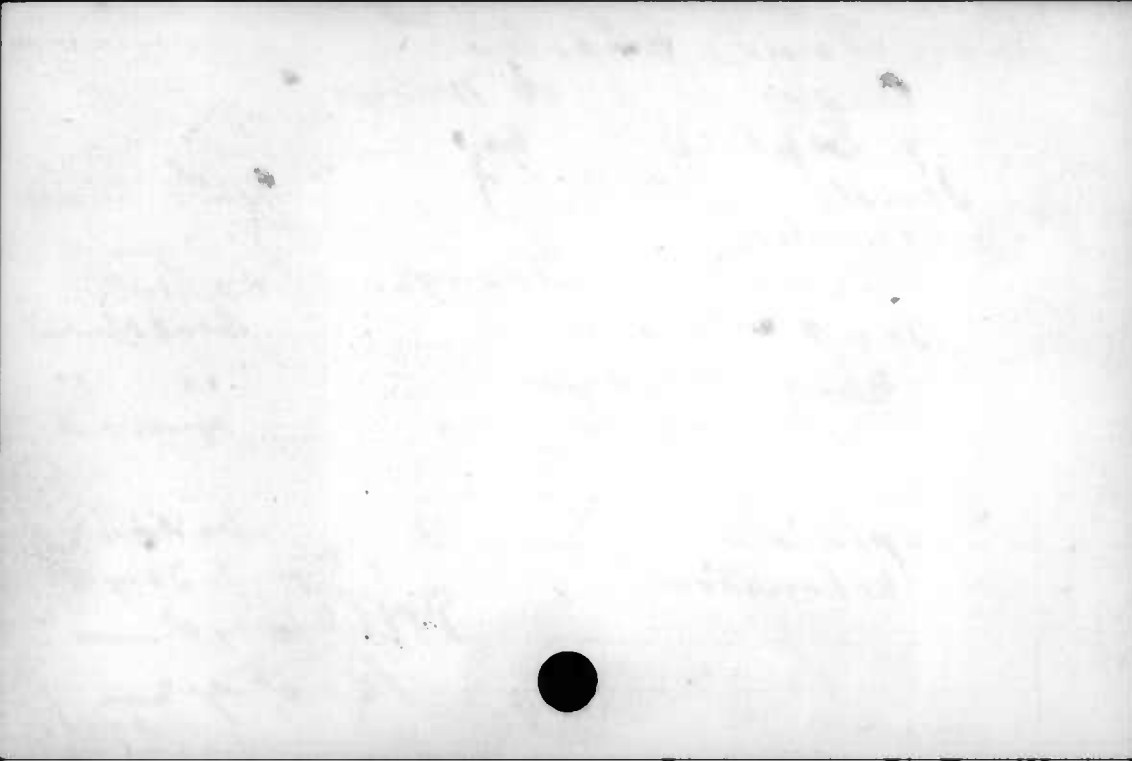
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town California		County St. Marys' Co.		MARYLAND	
Date of death		190	Month Sept	Day 28	Age 3-8	Years 1	Months 5-
Sex Female		Color or Race white		Birth- place Centerville Md.			
Occupation House wife		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Benjamin J. Shermantine					
Father's Name John H. Crocker		Father's Birthplace St. Marys Co.					
Mother's Maiden Name Cliza A. Shermantine		Mother's Birthplace St. Marys Co.					
Name of person giving Information B. J. Shermantine		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Deceased	How long 175	3 days.
Immediate	Accidental	How long	by her
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. J. Shermantine M.D.	
Yes		Address Centerville Md.	
Accident or Suicide?			



Name
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Mary Anne Shorter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Riggs</i>		County <i>St Marys</i>		MARYLAND	
Date of death		1907	Month <i>Sept</i>	Day <i>1</i>	Age <i>60</i>	Years	Months Days
Sex <i>Female</i>		Color or Race		Birth-place <i>Ind</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Shorter</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>.. ..</i>					
Name of person giving information <i>George Shorter</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>30 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Lloyd</i>
	Address <i>Rutgers Ind.</i>
Accident or Suicide?	

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Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

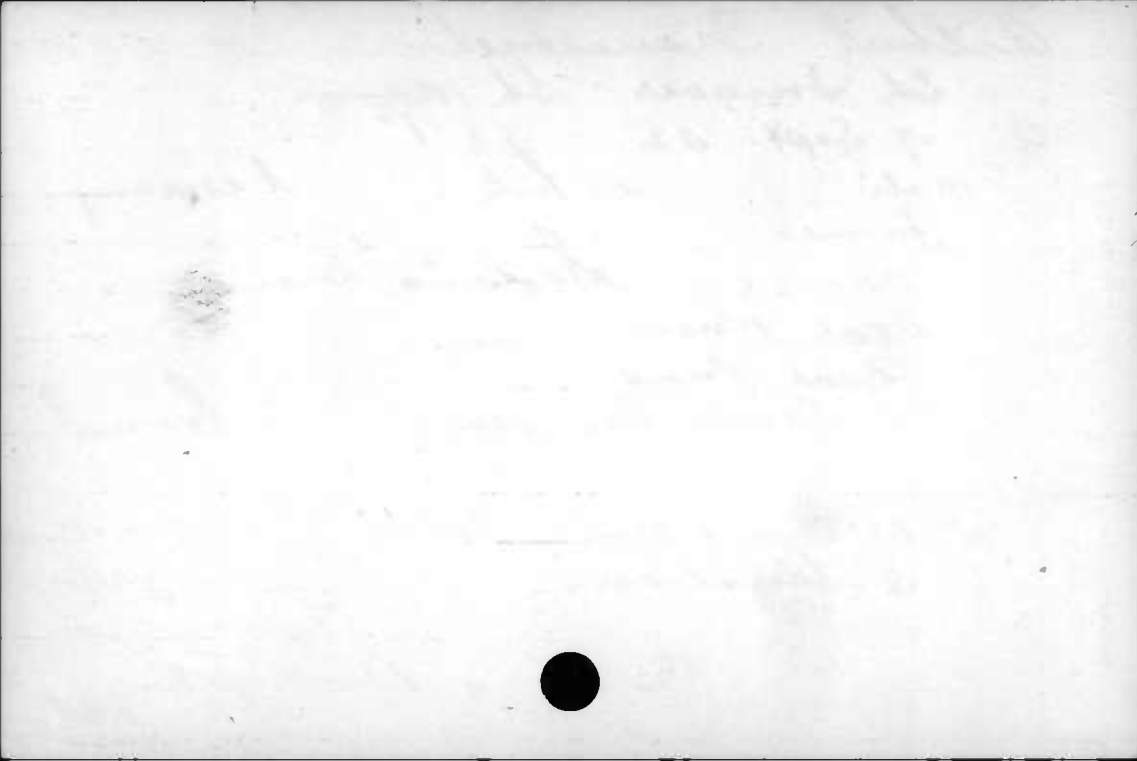
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Arthur Trauback

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St Inigoes* ^{Town} *St Marys* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *Sept* ^{Day} *22* ^{Years} *68* ^{Months} ^{Days}

Sex *Male* Color or Race *white* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Sadonia Evans*

Father's Name *Don't know* Father's Birthplace

Mother's Maiden Name *Don't know* Mother's Birthplace

Name of person giving information *Lewis Trauback* How related to deceased *Son*

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary *Hypertrophy of Prostate & Cystitis* How long *15 years*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *C. H. Leonard* Address *Ridge Md.*

Accident or Suicide?

